Note: This is a sample template, it is not an OMB approved form. Universal 911 Dialing- First Transition Report Please read instructions before completing Section 1 Carrier Identification Information Parent Company Name Telaper, Inc Service Provider Name Telepak, Inc aka Cellular South Inc. Company Address, City, State, Zip PO. Boy 23879 Jackson, ms 39201 Service Provider Type Wireless □ Wireline Name(s) of Wireless License Holder(s) Telepak, Inc aka Cellular South Inc. Contact Name 500H Morrow Contact Tel # 601-974-7229 Fax# 401-974-7107 E-mail Address smorrow e cellularsouth, com Section 2 Local Area 911 Implementation List all individual local areas covered by this report (e.g., Lee County, Virginia): Clay County

/al E.a		fr	A 2.4 16		response point			
(a) FOR	each area	IBTEO	apove, kientik	The american	/ FECHANGE BAINT :	m which O11	coffe will be see	

Clay County Sheriff's office

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

Basic 911 routing. Cellular South customer dals 911, digits are deleted and replaced with 662-494-5152 and sent forward to the hEC for processing

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Dependent on County response.

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

Upon our inquiry to the County Concerning Phase I implementation schedule we were advised the County did not wish to implement this

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

No inquiry on file from County requesting Phase I implementation

Section 4								
Certification - To be signed by an authorized representative of the reporting entity								
I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.								
I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the report as of completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of								
Signature Tours								
Printed name of authorized representative TONY Kent								
The Vice President Technical operations								
Date 3/11/02								
This filling is: Original filling [] revised filling								

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.

	Note: This is a sample template, it is not an OMB approved form.
Universal 911 Dialing- First Transition Report	
Please read instructions before completing	
Section 1 Carrier Identification Information	
Parent Company Name TElapex, Inc	
Service Provider Name Telepak, Inc aka Cellular South Inc	
Company Address, City, State, Zip P.O. Box 23879	
Jackson, ms 39201	
Service Provider Type Wireless (1 Wireline	
Name(s) of Wireless License Holder(s)	
Telepak, Inc aka Cellular South, Inc	
Contact Name SCOH Mocrow	
Contact Tel# (401-974-7229	
Fax# (201-974-7107	
E-mail Address Smorrow @ cellularsouth.com	
Section 2 Local Area 911 implementation	
List all individual local areas covered by this report (e.g., Lee County, Virginia):	· · · · · · · · · · · · · · · · · · ·
Choctaw County	
	:

21006

/-1	E	HJ -6	7.3 -10 -7		 s will be routed.

Have been unsuccessful in inquiring 911 routing instructions from Choctaw County 911 Coordinator after repeated requests

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

see above answer

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Dependent on County 15 poinse

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

upon our inquiry to the Country concerning Prase I implementation schedule we were advised the Country did not wish to implement

<u>-21115 .</u> (b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

no inquiry on file from County requesting Prase I implementation

Section 4								
Certification - To be signed by an authorized representative of the reporting entity								
I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.								
I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the renorting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of \(\)								
Signature Lange and								
Printed name of authorized representative Tony Went								
Title Vice President Technical Operations								
Date 3/11/02								
This filing is: Original filing revised filing								

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001.

Note: This is a sample template, it is not an OMB approved form.
Universal 911 Dialing- First Transition Report
Please read instructions before completing
Section 1 Carrier Identification Information
Parent Company Name
Telapex, Inc
Service Provider Name Telepak, Inc aka Cellular South, Inc.
Company Address, City, State, Zip
P.o. Box 23879
Jackson, Ms 39201
Service Provider Type X Wireless (1 Wireline
Name(s) of Wireless License Holder(s)
Telepak, Inc aka Cellular South, Inc
Contact Name Scott Morrow
Contact Tel# 601-974- フマネタ
(401-974-7107
E-mail Address Smorrow @ cellularsouth.com
Section 2 Local Area 911 Implementation
List all individual local areas covered by this report (e.g., Lee County, Virginia):
Tallahatchie County

(a)	For	eac	n area	listed	above	, identify	the	emergency	response poin	t to which	911	calls will be	routed.

Have been unsuccessful in inquiring 911 routing instructions from Tallahatchie County 911 Coordinator after repeated. requests.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

See above answer

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Dependent on County response

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in Identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

Upon our inquiry to the County concerning Phase Implementation. Schedele, we were advised the County did not wish to implement

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

no inquiry on file from county requesting phase I implementation

Section 4	
Certification - To be signed by an authoriz	ed representative of the reporting entity
I certify that I am an authorized re the best of my knowledge, informa affairs of the above-named compa	epresentative of the above-named reporting entity, that I have examined the foregoing report and to atlon and belief, all statements of fact contained in this form are true and accurate statements of the ny.
cus nest of this knowledge, illioning	appresentative of the above-named reporting entity, that I have examined the foregoing report and to atton and belief, all statements of fact contained in this form are true and that the reporting entity has properly route 911 emergency calls in the localities covered by the report as of \(\frac{1}{2} \)
Signature Tanka	
Printed name of authorized representative	Tony Kent
THE VICE President T	Echnical Operations
Date 3/11/02	
This filing is: 💢 original filing	□ revised filing

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